

Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

February 24, 1997

Mr. Clarence D. Denton, Jr. President The DKD Companies, Inc. 1368 North Killiam Drive, Bay C/D Lake Park, Florida 33403

Facility No. 0990481 Re:

Dear Mr. Denton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 27, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\tt V}$ general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

JAN 27 1997

	Bureau of Air Monitor	ring
1.	* Mobile Sources	
	The DKD Companies , Inc aba Eagle Cleaners	
2.	Site Name (For example, plant name or number):	
	Killian Roal	
3.	Hazardous Waste Generator Identification Number:	
	3-097-51-1037-6 Safety Kleen # Applied For	
4.	Street Address: 1368 N. Killiam Dr Bay C/D	
	City: Lake Park County: Falm Beach Zip Code: 33403	
	Only. Let Let Value County. Value County.	
5.	Facility Identification Number (DEP Use):	
	0990481	
	Responsible Official	,
	None and Title of December 11. Official	
0.	Name and Title of Responsible Official:	
	Clarence D. Denton Jr President	
7.	Responsible Official Mailing Address: Organization/Firm: The DKD Companies, Inc	
	Street Address: 1368 N. Killiam Dr. Bay C/D	
	City: Lake Park County: Palm Beach Zip Code: FL	
8.	Responsible Official Telephone Number: Telephone: (561) 863 - 6444 Fax: (561) 863 - 8315	
	Tun. (Vo() Ope 3313	
	Facility Contact (If different from Responsible Official) SAME AS Abe	ر د
9.	Name and Title of Facility Contact (For example, plant manager):	
10	Facility Contact Address:	
10.	racinty Contact Address.	
	Street Address:	
	City: County: Zip Code:	
11	To differ Control Talled and New Low	
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -	
	Telephone. () -	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	., .: '		† + 			1 1	,	· · · · · · · · · · · · · · · · · · ·	i tst ist
(1) w/ ref. condenser		11/23/96	11/27/96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		- ::		•	•			1	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			Notae				126		chine Control Device chased Installed -MAR-92 02-MAR-9
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	I.e.,		Magana.	47			-		·
(10) w/ ref. condenser									
(11) w/carbon adsorber	1	ļ							
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are requant	equired to be ity of perchlo ons ow many? [rinstalled [oroethylene (perc)	_] purchased in	•			
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	ct one classifi	cation only.)		initions found		3) of	Part II?	
Existing large are	ea so	urce []	Ne	w la	rge area sour	ce [1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines p (Indicate with an "X".) 	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	·
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 utural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[<u>X</u>]
Equipment Monitoring an	nd Recordkeeping Information
	and trees, and building amount on
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site in (a) Purchase receipts and solvent purchases	
	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases(b) Leak detection inspection and repair	accordance with the requirements of this general permit: [X] [X]
(a) Purchase receipts and solvent purchases(b) Leak detection inspection and repair(c) Refrigerated condenser temperature monitoring	accordance with the requirements of this general permit: [

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
丫	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the thin this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

RECEIVED

MAY 1 2 1997

Bureau of Air Monitoring

RE-INSPECTIONING

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTIONING
TIME IN: 10 TIME OUT: 1)	AIRS ID#: 0990481
TYPE OF FACILITY: Pr. Cleanor	/
FACILITY NAME: eagle deamers	DATE: 47-97
FACILITY LOCATION: 1368 W. Killian	d. LP 33413
	<u>.</u>
RESPONSIBLE OFFICIAL: Claneuce Dontre, Jr	PHONE NUMBER: Sol 863 (444)
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
•	
COMMENTS:	:
The Annual Compliance Certification form has been properly certific DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY: M, Lie blor	rase Print) PHONE NUMBER: 56 1- 357 453/

Revised 10/96

Anns

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NJAL NSPECTIO	COMPLAINT/DISC	OVERY	
AIRS ID#: 0 9 90 481 DATE: FACILITY NAME: 20 Se FACILITY LOCATION: 13 6	white che	I TIME IN: 12 TIME	E OUT:"	
FACILITY LOCATION: 136	8 N	1. killion de	LP.	
		33403		
PART I: NOTIFICATION				
	127/97			
1. Existing facility notified DARM by 9				Z 2
2. New facility notified DARM 30 days	prior to star	rtup		
3. Facility failed to notify DARM to use	general per	mit		ū
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box)	that it is:			,
Å.			/	
1. Existing small area source dry-to-dry ordy, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	a	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,></td></x<2,>		4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td><td></td></x<2,>		
This is a correct facility classification		ATA ON		
If no, please check the appropriate class	sification:			
facility qualified for a facility exceeds above		nit as numberabove s not eligible for a general permit		
B. The total quantity of perchloroethyle facility was \(\frac{130}{200}\) gallons.	ne (perc) pu	irchased within the preceding 12 month	s by this dry o	leaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY IN 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at CAY ON least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN CHIA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) the ON 1. Equipped all machines with the appropriate vent controls? ON ON A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the PY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY UN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY UN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY ON verifying that the coolant had been completely charged?

				
В. 	Has the responsible official of an existing large or new large area source also:			
L.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ďγ	ИD	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ďY	עD אD	
	Is the temperature differential equal to or greater than 20° F?	4 /2	ИD	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ם אם	JN/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	ON_	_ 4 \// A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	QΥ	_и□	N/A
5 .	Equipped transfer machines (dryers, reclaimers, and washers) with individual			_
	condenser coils?	ДY	□N (JN/A
б.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	UN (BN/A
<u></u>	A DOMEST DE CONDICE EN DE CENTRE DE CENTRE			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	NO YO
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ФY □N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	dy un
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON_N/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	מאַ טא '
Problem corrected?	מס אם
8. Maintained compliance plan, if applicable?	DY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly leak detection and repair inspection?	1	GY ON	

2. Which method of detection is used by	the respon	ısible offici	ai?		4
Visual examination (condensed				9	
Physical detection (airflow felt t	hrough ga	skets)	·	4	
Odor (noticeable perc odor)				4	
Use of direct-reading instrumen	tation (FII	D/PID/calor	imetric tubes)		_4N/A
If using direct-reading instrum	ientation,	is the equi	pment:		
a. Capable of detecting	perc vapo	or concentr	ations in a range of 0-500 ppm?	QΥ	ON_NA
b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	QY	ON_N/1
c. Inspected for leaks a	ınd obviou	us signs of v	vear on a weekly basis?	QΥ	ON_N/
d. Kept in a clean and	secure are	a when not	in use?	QY	UN_N/1
e. Verified for accurac	y b y use o	f duplicate	samples (calorimetric only)?	ΠY,	ON_N/
3. Has the facility maintained a leak log	?			QY	ИD
4. Does the responsible official check the	e followin	g areas for	leaks?		
Hose connections, fittings, couplings, and valves	ΘY	ИΩ	Muck cookers	. QY	□N_I
Door gaskets and seating	dy	_ אם	Stills	ΔY	ΩN_1
Filter gaskets and seating	DY	ИD	Exhaust dampers	QY	□N ®
Pumps	<u>a</u>	ИП	Diverter valves	(Z)Y	ΠN_1
Solvent tanks and containers	₫¥	ND	Cartridge filter housings	ŒÝ	םא_ו
Water separators	ØY	ПD			
0000	9		Claience D	De	nen J
Name of Responsible Offi	cial (Signa	ature)	Name of Responsible Officia	l (Pri	nt) & Phon
m. Liebler			417/97		
Inspector's Name (Please P	rint)		Date of Inspe	ection	
m. Libe			- 418198		
Inspector's Signature			Approximate Date of	Next I	nspection
condary Containment for: Dry	Cleanin	g Machir	ne & Storage area		Yes No ☐ []
•			Waste area		
			Spotting area Seale	d	[[] []
sposal of Water from Water Sep	parator	using a	pproved evaporator		[][1
			Pick S up Water		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2;20 TIME OUT: 3:3	30AIRS ID#: 0990481
TYPE OF FACILITY: Doy cleaning	
FACILITY NAME: EAGLE CLEAVE	DATE: 3-26-98
FACILITY LOCATION: 1368 N. KIII	ian Dr Bay CED
Lake Park,	FL 33403
RESPONSIBLE OFFICIAL: <u>Clavene Dent</u>	107 PHONE NUMBER: 963-6444
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
• •	``
	7
	Burg By Cr.
	Mod J. J.
	6
	
•	
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NOV
10	-11 1909
DATE OF NEXT INSPECTION: MAIL	- [7] / / /
INSPECTION CONDUCTED BY:	Chokshi.
	ease Print)
INSPECTOR'S SIGNATURE OF WAR SU	PHONE NUMBER: 355-3078

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO) ис	COMPLAINT/DISC	COVERY	Buffeau of A Buffeau of A Mobil
AIRS ID#: 0990481 FACILITY NAME: EA FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME:	GLE 1368 Lake Pa	N. K	2:20 TING 2:20 TING 2:25 IN 11/2000 IN 11/20		3:839 B97 CC
PART I: NOTIFICATION	<u>.</u>		·	·	
(check appropriate box)	`	,		``	
New facility notified DARM					
2. Facility failed to notify DAR	M to use general per	rmit ·			<u> </u>
1 **	· · · · · · · · · · · · · · · · · · ·				
PART II: CLASSIFICATION	{ ====================================				
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	ce ce 100 gal/yr	4. New large a dry-to-dry only, transfer only, 20	x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)	business/pe	roleum
(constructed before 12/9/91)			or after 12/9/91)		
5. This is a correct facility cl	assification	MD AN	□Can not determine	:	
	ty qualified for a ger ty exceeds above lim	neral permit as nu nits and is not elig	ible for a general perm	nit	cleaning
facility was 150 gallons.			. 5	,	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ØY ON 4. Draining cartridge filters in their housing or in sealed containers for at **∕**OY □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AND ND YA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? AINO NO YO

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

ON ON/A

DA. DN

В	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Ay	ПΝ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	" ZY	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	ZY	□N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟÝ	ON PANA.
	Is the perc concentration equal to or less than 100 ppm?-	ΩY	ON DINA.
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	·.	
	or expansion; and downstream from no other inlet?	ΠY	ANA MO
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ON ANIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	AIME NO

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? A'NO NO YÒL 4. Maintained calibration data? (for applicable direct reading instruments) DY ON MINA 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON MINA MY DN 6. Maintained startup/shutdown/inalfunction plan? 7. Maintained deviation reports? MY ON ON/A Problem corrected? AYO NO YE 8. Maintained compliance plan, if applicable? AIMQ NO YO

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПN inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ONA DY DN DN/A Muck cookers couplings, and valves AY ON ONA DY ON ONA Stills Door gaskets and seating A'NO NO YÀ DY DN ZNIA Exhaust dampers Filter gaskets and seating DY ON ONA Diverter valves MY ON ON/A Pumps DY ON ON/A Solvent tanks and containers DY ON ON/A Cartridge filter housings DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? מם עם d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Respons Please Print)

s Name (Please Print)

Inspector's Signature

3 ~ 26 - 98

Date of Inspection

ADD	DITIONAL SITE INFORMATION:	
1.	Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	ON [] []
2.	Disposal of Water from Water Separator using approved evaporator [] or contracted Wastewater service	[]

DRY CLEANER AIR QUALITY GENERAL PERMIT Bureau of Air Monitoring & Mobile Sources

AIRS ID#0990481 THE DKD COMPANIES INC CLARENCE D DENTON JR 1368 N KILLIAN DRIVE BAY C/D LAKE PARK FL 33403

Do NOT Remove Label

ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period:	anvery	\	_19 <u> ٩</u> &	TO .	Decembe	_ 3(19 <u></u> ९ይ
Based on each term or condition 62-213.300, Florida Administration of the general section o	ve Code (F.A.C.), dur	ing the peri	od covered	by this	statement. 🔼	YES [□ио
Exact period of non-compliance: Action(s) taken to achieve compliance Method used to demonstrate com #2. Term or condition of the general	ance:	ot been in co				porting period	
Exact period of non-compliance: Action(s) taken to achieve compliance Method used to demonstrate compliance	ance:	• .		t	0		
As the responsible official, I hereby notification are true, accurate and o does not exceed 2,100 gallons per yo	omplete. Further, my	annual consi	umption of	perchlor	oethylene solvent,	based upon pui	rchase receipts,

Signature

Date

Name (Please Print)

RESPONSIBLE OFFICIAL:

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

YPE OF INSPECTION:	ANNUAL 🔀 C	OMPLAINT/DISCOVERY RE-INSP	ECTION _
IME IN: 9:40	TIME OUT: 10:1	5 AIRS 10#: 09904-8	<u> </u>
YPE OF FACILITY:	Dry Cleaning		
ACILITY NAME:	EAGLE CLE	PANERS DATE: 1-	21-99
ACILITY LOCATION:		lian Dr Bay < & D	
	Lake Park,	FL 33403	
RESPONSIBLE OFFICIAL:_	John Frees	PHONE NUMBER: _ 863 —	is found to be in
	of the compli <u>a</u> nce requirements even P Rule 62-213.300, Florida Admin	raluated during this inspection, the facility is found to istrative Code (F.A.C.).	be in
Based on the results of discrepancies were n		raluated during this inspection, the following complia	ince
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP ACTION REQU	IRED
,e			
•			
· .			
	-		
COMMENTS:		•	
÷		·	
The Annual Compliance Ce	rtification form has been properly	certified and submitted to the inspector. YES	Порт
DATE OF NEXT INSPEC		(Approximate)	
INSPECTION CONDUCT	JRE RVC	(Please Print)	
INSPECTOR'S SIGNATU	JRE Q.V. Choken	PHONE NUMBER: 355	-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0 99048/ DATE: 1-21-	99 TIME IN: 9:40 TIME OUT: 10:15
FACILITY NAME: EAGLE	CLEANERS
FACILITY LOCATION: 1368	W. Killian Dr Bayce7
Lake	- Pask, FL 33403
RESPONSIBLE OFFICIAL: John F	
CONTACT NAME: Clarence	Dentenphone:
DIDEL NOTIFICATION	e de la companya de l
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit (in the control of the control
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
u	· · · · · · · · · · · · · · · · · · ·
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general source.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45° F?

PART III: GENERAL CONTROL REQUIREMENTS

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

_		
8.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located	
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם אם
2.	Measured and recorded the washer exhaust temperature at the condenser	
	inlet and outlet weekly?	A'NO NO YA
	Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly	
1	at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON MAYA
	the control of the co	
	Is the perc concentration equal to or less than 100 ppm?	UY UN MN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	. /
	or expansion; and downstream from no other inlet?	םץ מו פאו
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	
	condenser coils?	DY DN MUNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואם אם אם
4		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MO N
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DN/A
6. Maintained startup/shutdown/malfunction plan?	אם אב
7. Maintained deviation reports?	ANO NO YE
Problem corrected?	DY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN DN/A

P	ART VI: LEAK DETECTION AND	REPAIRS	····	
١.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection :	and repair
	inspection?			DY ON
2.	Has the facility maintained a leak log	?		-OY ON
3.	Does the responsible official check th	e following areas for leak	\$?	
	Hose connections, fittings, couplings, and valves	,DY ON ON/A	Muck cookers	OY ON DMA
	Door gaskets and seating	ANO NO YE	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A
	Pumps _	DY ON ON/A	Diverter valves	אותם אם אבם,
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
,	Water separators	DY ON ON/A		
4.	Which method of detection is used by	y the responsible official?		
	Visual examination (condensed	solvent on exterior surface	ces)	
	Physical detection (airflow felt	through gaskets)		D
	Odor (noticeable perc odor)			A
	Use of direct-reading instrumen	ntation (FID/PID/calorime	tric tubes)	AMA
	Halogen leak detector			DOIN
	If using direct-reading ins	strumentation, is the equ	ipment:	ØN/A
	a. Capable of detecting	ng perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
:	b. Calibrated against (PID/FID only)?	a standard gas prior to and	l after each use	OY ON
,	c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	□Y □N
	d. Kept in a clean and	secure area when not in t	use?	OY ON
	e. Verified for accura	cy by use of duplicate san	nples (calorimetric only)?	OY ON

Responsible Official's Name (Please Print) Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes NO
		Waste area	
		Spotting area Sealed	1/11

2. Disposal of Water from Water Separator using approved evaporator [] or contracted Wastewater service

Safety Reen pichs up the Waste as Called

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: //: 55 TIME OUT: /: /5	AIRS ID#: 0990481
TYPE OF FACILITY: Dey cleaning	
FACILITY NAME: EAJLE CIEANERS	DATE: 2/9/00
FACILITY LOCATION: 1368 N. KILIAN DE	
LAKE PARK, FI	
RESPONSIBLE OFFICIAL: John Fere	PHONE NUMBER: 863 - 6444
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	- PE
	R Modifie 6
	Non-toring Sources
COMMENTS:	•
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
	200/ proximate)
NSPECTION CONDUCTED BY:	Sey Dizak ase Print)
NSPECTOR'S SIGNATURE: Our Durel	PHONE NUMBER: 355 - 3070 XT //39

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: 0990481 DATE: 2/9	/ TIME IN: // : 55 TIME OUT: 1: 15
FACILITY NAME: EAGLE CLEANERS	
FACILITY LOCATION: 1368 か.	Killian De Bay C+D
	ek, Fl 33403
RESPONSIBLE OFFICIAL: John Free	PHONE: 863-6444.
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup 🔘
2. Facility failed to notify DARM to use general pe	ermit \square
	CONTRACTOR OF THE PROPERTY OF
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
(check appropriate box) A.	
(check appropriate box) A. 1. Existing small area source	2. New small area source
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) YY □N □Can not determine
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a gen	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) Y □N □Can not determine ation: teral permit as number above
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a gen	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) YY □N □Can not determine

1. Does the responsible official conduc		ces, or-weekly) leak detecti	-
inspection?		•	XY DN
2. Has the facility maintained a leak log		•	M A □N
3. Does the responsible official check t	he following areas for leak	s?	
Hose connections, fittings, couplings, and valves	AND ND Y	Muck cookers	חא 🎝 אם אם
Door gaskets and seating	XY ON ON/A	Stills	אואם אם צא
Filter gaskets and seating	AND NO YA	Exhaust dampers	DY DN DNIA
Pumps	MA ON ONVY	Diverter valves	MY DN DN/A
Solvent tanks and containers	MY ON ONIA	Cartridge filter housing	gs XIY ON ON/A
Water separators	AND NO Y		-
1. Which method of detection is used by	the responsible official?	·	
Visual examination (condensed	solvent on exterior surface	s) <u>-</u> -	×
Physical detection (airflow felt the	hrough gaskets)	. 	×
· Odor (noticeable perc odor)			A
Use of direct-reading instrument	ation (FID/PID/calorimetri	ic tubes)	X NA
Halogen leak detector			ĭ ve
If using direct-reading instr	umentation, is the equip	ment:	X N/A
a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	DY DN
b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	DY DN
c. Inspected for leaks ar	d obvious signs of wear o	n a weekly basis?	DY DN
d. Kept in a clean and so	ccure area when not in use	?	מא מא
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
THE RESERVE OF THE PROPERTY OF	The state of the s		
T-1 C			
onsible Official's Name		deponsible Offi	Cial's Sign
(Please Print)		dehomernre Orli	crar a sign
Jeffrey Dirak Inspector's Name (Please Prin	t) .	2/9/o	0

4 of 5

DOD

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

						
FACILITY NAME:	EAgle	Clear	sec s		_date:2	-9-0
FACILITY LOCATION:	1368	Mort.	لد الم:	Llian		<i>C</i> -
BAY C	+0	Lake	PA	ار ً	FL 321	1773
Annual Reporting Period:	1-1-9	C 20	то	(- \		20 00
Based on each term or condition 62-213.300, Florida Administra		-		ممسذ		NO
If NO, complete the following:						
#1. Term or condition of the ge	neral permit that has not	been in continuous	compliance du	ring the repor	ting period state	d above:
Exact period of non-compliance	: from		to	 	~	
Action(s) taken to achieve comp	oliance:	· · · · · · · · · · · · · · · · · · ·		Bures &		
Method used to demonstrate cor	npliance:		· .	MAR WAR	\cap	
#2. Term or condition of the gen	neral permit that has not	been in continuous	compliance du		7	l above:
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·	nitorina rces	[]	
Exact period of non-compliance	from		to			<u> </u>
Action(s) taken to achieve comp	liance:					
Method used to demonstrate con	ipliance:		· · · · · · · · · · · · · · · · · · ·			·
As the responsible official, I here in this notification are true, accu purchase receipts, does not excee combination facilities.	rate and complete. Furt	her, my annual cons	umption of per	chloroethylen	e solvent, based	upon
RESPONSIBLE OFFICIAL:	Name (Please Pr	int)	John Sig	ature ature	N Date	-9-00

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

BEST AVAILABLE COPY INSTRUCTION	UIYAIYAGAAA A
TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTIO
TIME IN:TIME OUT:	AIRS ID#: 0 190 481
TYPE OF FACILITY: D-& Cleaner	
FACILITY NAME: Care Cleaner,	DATE: 2/22/0/
FACILITY LOCATION: 1368. N. K! Way	Dr Lake Park
RESPONSIBLE OFFICIAL: John Keer.	PHONE NUMBER: 863 6744
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	nated during this inspection, the facility is found to be in rative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	MAR 7 2001
	Bureau of Air Monitoring & Mobile Sources
OMMENTS:	
	*
e Annual Compliance Certification form has been properly certified a	and submitted to the inspector. YES NO
SPECTION CONDUCTED BY: \\ \\ \\ \\ \\ \\ \\ \\ \ \elle	ximate)
SPECTOR'S SIGNATURE: (Please	Print) PHONE NUMBER: 355 3070

Page

of .

Revised 10/5

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTION	4 🗇 .
AIRS ID#: 0990 441 DATE:	TIME IN: TIME OUT:
FACILITY NAME:Clean.	
FACILITY LOCATION: 1368 KI Wie	n dr. No Lake Park 33403
RESPONSIBLE OFFICIAL:	PHONE: 863 6414
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to start	
2. Facility failed to notify DARM to use general perm	nit 🖸
	the feature of the first terms o
PART II: CLASSIFICATION	en e entre de region de la companya
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification If no, please check the appropriate classification	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N □ Can not determine

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A		
2. Examining the containers for leakage?	AY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	MY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN PAIA		
PART IV: PROCESS VENT CONTROLS ·	·		
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	i i		
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser			
(complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)			
 Equipped all machines with the appropriate vent controls? Equipped dry-to-dry machines with a closed-loop vapor venting system? 	DY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אום אם צבן.		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	94 ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ZY ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	MY DN DN/A		
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	PY DN		

٥.	Has the responsible official of an existing large or new large area source also:	
l. i	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מי טא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	AY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	רא בא אם
		(
	Is the perc concentration equal to or less than 100 ppm?	. LLY LLN DAN/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	רי פון אם אים אים. אואק אם אם אים
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?) אא ים אם צם:
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON SANA

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following a. documentation of leaks repaired w/in 24 hrs? or; MY ON ON/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ØY □N □N/A 4. Maintained calibration data? (for explicable direct reading Instruments) DY DN BN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON DINA אם אם ו 6. Maintained startup/shutdown/malfunction plan? DY ON ONA 7. Maintained deviation reports? DY DN DN/A Problem corrected? 3. Maintained compliance plan, if applicable? DY DN BANKA

ODITIONAL SITE IN	IFORMATION:			
1. Secondary Con	tainment for: Dry	Waste	ine & Storage area e area ting area Sealed	Yes NO [] [] []
·				•
2. Disposal of Y	Water from Water So or	eparator using contracted Was	approved evaporato	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
			The second se	
		•		
· ·				

.

PART	VI: LEAK DETECTION AND	REPAIRS			7
I. Do	es the responsible official conduct :	weekly (for small sourc	es, bi-weekly) leak detection a	nd repair	ń
	pection?			DY ON	
2. Ha	s the facility maintained a leak log?	•		DY ON	
3. Do	es the responsible official check the	following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	באום אם אא	Muck cookers	אוא לי אם אם	
	Door gaskets and seating	MY ON ON/A	Stills	אואם אם אים	
	Filter gaskets and seating	אואם אם אוא	Exhaust dampers	DY DN DAVA	
	Pumps	אואם אם אוא	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	מאחם אם עם	Cartridge filter housings	DY ON ON/A	
•	Water separators	DY ON ON/A			
4. W	nich method of detection is used by	the responsible official?			
	Visual examination (condensed:	solvent on exterior surfac	es)		
	Physical detection (airslow felt to	hrough gaskets)		<u> </u>	
•	Odor (noticeable perc odor)		<i>;</i> •		
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	7 no	
	Halogen leak detector			to ma	
•	If using direct-reading inst	rumentation, is the equi	ipment:	ÿ î√A -	
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN	
٠	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	חא מא	
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DY DN	
	d. Kept in a clean and	secure area when not in u	ise?	אם עם.	
-	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	DY DN	
	•		·		
			W		1
doc:	sible Official's Na (Please Print)		Responsible Offi	Q^ .cial's Sign	ature
	/ / · (()				
	n Lieblar		2/22/	0/	
	Inspector's Name (Please P	riat)	Date of Inspection		
	. h lill				
	Inspector's Signature		Annovimora Days of	Name I	
	-		Approximate Date of	mext inspection	

U.S. Postal Service CERTIFIED MAIL RE (Domestic Mail Only; No	CEIPT Insurance Coverage Provided)
00h5	
Postage \$	Postmark
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here
Total Pc CLARENCE D DE EAGLE CLEANER Street, A 1368 N KILLIAN I City, Stai	S-KILLIAN RD PRIVE BAY C/D
0002 vraurded, 0086 mrod SQ EOLD AT DOITFD LINE RIGHT OF RETURN ADDRESS.	
SENDER: COMPLETE THIS SECTION. ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0990481001AG CLARENCE D DENTON JR	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is defivery address different from item 1? Yes If YES, enter delivery address below:
LEAGLE CLEANERS-KILLIAN RD 1368 N KILLIAN DRIVE BAY C/D LAKE PARK FL 33403	3. Service Type Certified Mail
70000520002093125400 2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354351

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00 RECEIVED

Do NOT Remove Label

AIRS ID # 0990481 EAGLE CLEANERS-KILLIAN RD CLARENCE D DENTON JR 1368 N KILLIAN DRIVE BAY C/D LAKE PARK FL 33403

MOOF JIAN BECENED FOR GOVERNMEN PURE ONLY Org.: 375501010000 po. Ri

Fund: 20-2-035001 Obj.: 002273

THE DKD COMPANIES, INC.

020560

DEPT OF ENVIR. PROTECTION TWIN TOWERS BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FL 22399-2400

> DATE 12/09/98

GHEGK NUMBER 00020560 INVOICE NUMBER AMOUNT DISCOUNT TRUCOMA TEIN DAVE AIR PERMIT 1999 12/07 50.00 0.00 50.00 TOTAL = \$50.00 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990481

EAGLE CLEANERS-KILLIAN RD CLARENCE D DENTON JR 1368 N KILLIAN DRIVE BAY C/D LAKE PARK FL 33403 DEC 13 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THE DKD COMPANIES, INC.

10012

DEPT OF ENVIR. PROTECTION TWIN TOWERS BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FL

1999 Permit

12/06

50.00

0.00

50.00

22399-2400

TOTAL =

\$50.00

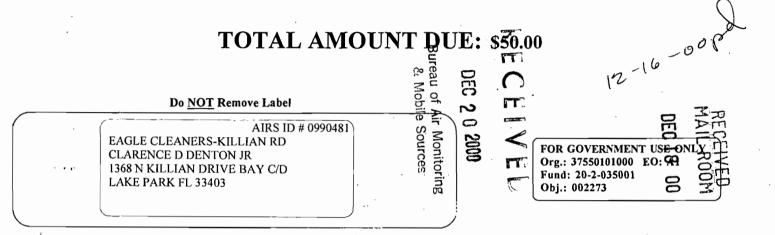
12/07/99

00010012

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400062

Piase include your AIRS ID# on your check or money order. This number can be found below on your mailing label.



THE DKD COMPANIES, INC.
Dept Of Envir Protection DC

Check Number: 10 Check Date: De

10806 Dec 11, 2000

10806

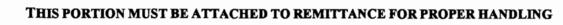
Item to be Paid - Description
Air Permit

Check Amount: \$50.00

Discount Taken

Amount Paid

50.00



301189

Please include your AIRS ID# on your check or money order. This number can be found below our your mailing label.

JAN 28 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990481

THE DKD COMPANIES INC CLARENCE D DENTON IR 1368 N KILLIAN DRIVE BAY C/D LAKE PARK FL 33403 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273